

The
**Guyana
 and Trinidad
 Mutual Life
 Insurance
 Company
 Limited**

 Sales Representative



Full Written replies must be given to each question. A stroke of the pen cannot be accepted as a reply.

USE BLOCK LETTERS
 THROUGHOUT



Supplementary Questions to be answered by Applicant who will control a Juvenile Policy

1. Full Name of Applicant:

First Name _____ Middle Name _____ Surname _____ ID. No. _____

Address of Applicant _____

2. Relationship of Applicant to Life to be Insured _____

3. Sex M
 F

4. Date of Birth: Day _____ Month _____ Year _____

5. Age last birthday: _____

6. Occupation of Applicant (Give exact duties. If more than one, list all)

Employer's Name and Address _____

7. Is the Applicant married? State number of children and ages.

Yes No _____

8. State present insurances on each child's life.

Name of Child	Company	Amount	Plan	Year Taken	Status (If Lapsed Give Date)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9. State present insurances on Applicant's life.

Name of Child	Company	Amount	Plan	Year Taken	Status (If Lapsed Give Date)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

10. Name of school being attended by

Life to be Insured _____

Date of Admittance _____

ANSWER QUESTIONS 11 TO 13 AND COMPLETE NON-MEDICAL QUESTIONNAIRE ONLY IF PARENTAL WAIVER BENEFIT IS APPLIED FOR:-

Answer Below

11. Indicate benefit required:

(i) Death Waiver and/or

(ii) Disability Waiver

12. Has this or any other Company ever:—

(a) Declined or postpone acceptance of an application to insure your life? Yes No

(b) Offered you a policy subject to an extra premium or a lien? Yes No

(c) Declined to re-instate or revive a policy on your life? Yes No

(d) Offer you a policy on a plan in any way different from that for which you applied? Yes No

If Yes to (a), (b), (c), or (d), give details _____

13. Has any application been made by you to any Company or Sales Representative and afterwards withdrawn, or not yet completed? (check one)

Yes No

If Yes, give details _____

14. (a) Has your flying as a passenger in the past 12 months exceed 50 hours, or do you expect to exceed 50 hours in the next 12 months?

Yes No

(b) Have you in the past two years engaged, or do you in the future expect to engage in aviation as student pilot, pilot, officer or member of the crew of the aircraft?

Yes No

N.B. If Yes to either (a) or (b) above, Aviation Questionnaire must be completed

(c) Do you engage in activities involving special hazards (excluding occupational hazards)?

Yes No

If Yes, answer the following:-

(1) Type of activity _____

(2) Degree of activity, e.g. days per year _____

(3) Special comments _____

I warrant that the above answers are full and true and that I am now and am usually in sound health: and I understand that the said questions and answers are a continuation of, and are to form part of an application dated _____ for insurance on the life of _____ to the Guyana and Trinidad Mutual Life Insurance Company Limited.

Date

Witness

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Signature of Applicant